

**Zoning Code Text
Amendment Application**

Planning and Development
Village of Weston
Date: _____

Permit No.: _____

Payment: Cash Check No. _____



5500 Schofield Avenue
Weston, WI 54476
(715) 359-6114

Zoning Code Text Amendment

\$200.00 FEE

[48/4870]

-- ALL FIELDS MUST BE FILLED OUT TO BE PROCESSED PLEASE PRINT LEGIBLY --

Applicant Information:

Business Name: _____

Contact Name: _____

Mailing _____

Address: _____

Phone Number: _____

Email Address: _____

Article Number: _____, Page Number: _____, Section: _____, Line: _____

On separate documentation:

- The proposed text change**
- The reason for the proposed text change**

I hereby depose and say that all the above statements and all accompanying statements are correct and true.

Applicant Signature: _____ Date: _____